

# STATE EMPLOYEES' DEFERRED COMPENSATION PLAN FORM FOR DIRECT ROLLOVER INTO ILLINOIS PLAN

Please type or print clearly in ink. Initial any corrections, additions, deletions or changes in pen. Complete all sections. For more information, call the Deferred Compensation Office at 800/442-1300, 217/782-7006 or 800/526-0844.

Last Name		First	Middle Initial	Social Security Number		Date of Birth	
Street			City/State			Zip Code	
Agency or University			Office Phone Number (    )			Home Phone Number (    )	
Work Address				Payroll Code No. _____ (See your pay stub)			
<b>SECTION A: TRANSACTION TYPE</b> - Account transfer <input type="checkbox"/> into an existing account <input type="checkbox"/> no existing account							
<b>SECTION B: PRIOR RETIREMENT PLAN INFORMATION</b> - Note: Only pre-tax amounts can be accepted. Name of prior Plan Entity _____ Type of prior plan: Plan Administrator _____ <input type="checkbox"/> 457 <input type="checkbox"/> 401k Address of Plan Administrator _____ <input type="checkbox"/> 403b <input type="checkbox"/> Traditional IRA Other _____ Contact Person _____ Phone Number _____							
<b>SECTION C: ACCOUNT INFORMATION</b> Please fill in your transfer account value \$ _____ on _____ (month)    (day)    (year)							
<b>SECTION D: INVESTMENT REQUEST</b> -Select one fund or a combination in which to invest your transferred account. <b>The percentages must total 100% and must be in whole numbers with no fractions.</b> I hereby request that my account transfer be invested in the following manner:  These funds are one-step options that make it easy for you to invest for retirement. Simply choose the fund with a target date closest to the year in which you plan to retire and your funds will be managed for you. T. Rowe Price Retirement Funds: _____% Retirement 2045 Fund/TRRKX _____% Retirement 2040 Fund/TRRDY _____% Retirement 2035 Fund/TRRJX _____% Retirement 2030 Fund/TRRCX _____% Retirement 2025 Fund/ TRRHX _____% Retirement 2020 Fund/TRRBX _____% Retirement 2015 Fund/TRRGX _____% Retirement 2010 Fund/TRRAX _____% Retirement 2005 Fund/TRRFX _____% Retirement Income Fund/TRRIX  These funds are the options if you want to select your own investment mix. _____% Vanguard Prime Money Market Fund Inst. Shares/VMRXX (money market) _____% Stable Return Fund (investment contracts) _____% Vanguard Total Bond Market Index Fund Inst. Shares/VBTIX (bond index) _____% T. Rowe Price New Income Fund/PRCIX (bonds) _____% Fidelity Puritan Fund/FPURX (stocks & bonds) _____% Vanguard Institutional Index Fund/VINIX (stock index) _____% Legg-Mason Value Trust/LMVFX (large-company stocks) _____% LSV Value Equity/LSVEX (large-company stocks) _____% Wells Fargo Large Company Growth Fund/NVLCX (large-company stocks) _____% Columbia Acorn Fund/ACRNX (small-company stocks) _____% Ariel Fund/ARGFX (stocks - social restrictions/advisor minority owned) _____% T. Rowe Price International Stock Fund/PRITX (stocks outside U.S.) _____% Provident Investment Counsel Small Cap Growth Fund/PISCX (small-company stocks)							
<b>TO BE COMPLETED BY DEFERRED COMPENSATION STAFF</b> Total amount of plan transfer _____ Date transfer monies received _____ Date invested _____							

**READ THIS INFORMATION COMPLETELY BEFORE SIGNING**

I hereby acknowledge receipt of a copy of the Plan and agree to the terms and conditions. I hereby acknowledge that I have received and read a prospectus for each mutual fund in which I am investing. I understand and acknowledge that all amounts of compensation deferred pursuant to the Plan and all income attributable to such amounts shall be held in one or more custodial accounts for the exclusive purpose of participants and beneficiaries under the Plan. I understand that participation in the Deferred Compensation Plan is a benefit offered by the State of Illinois. In return for this benefit, I and my heirs, successors, and assignees shall hold harmless the State and its employees, officials, agents, assignees, and successors from any liability for all acts in good faith.

SIGNATURE X

DATE \_\_\_\_\_